REQUEST FOR EVENT PLANNING INFORMATION



Please return to:

County of Loudoun
Department of Emergency Management
16600 Courage Court
Leesburg, VA 20175
703-779-0012 (Fax)

I. C	CONTAC	CT INFORMATION:				
NameAddress					Work #	
					State	Zip
E-mail Address: For Profit:		1	Sponsored Non-Profit:	By:		
		NFORMATION:				
Event Na	ame					
Date & Ti Location		vent: (Address & Tax	Rai	n Date (if applic	able):	
Type of I Describe	Event: (1 :	Example: circus, parac	de, fair)			
Anticipat		ndance: Total icipants: Total		Per Day Per Day		
In order fo	or us to de	EMENTAL INFORM termine the impact of you g questions:		ling community a	and the County i	infrastructure please
Yes No	N/A	. Aro vou o restancia : -1/	ovmonionood ot = 1	. arl		
		Are you a professional/of Is this event in cooperat			ks and Recreation	on, Mall)
		List Organization:				
		Will Food be served? Will Tents be erected? (If yes, what size?				
		Will vater be provided? Source: Public/Well/Truck/Other				
		Will any streets need to be closed? If yes, identify:				
		Will vehicular traffic be entering or exiting onto public road/roadways?				
		Will traffic be blocked or rerouted? f yes, identify:				
	Will there be any use of fireworks, lasers, black powder or other pyrotechnics? Will there be alcoholic beverages?					
		Will there be onsite can	nping?			
		Are animals involved in	any aspect of your eve	ent?		

Contact the Special Events Coordinator at 703-737-8919 if you have any questions about this form.